

IOLA NURSING HOME

185 CHET KRAUSE DRIVE

IOLA 54945 Phone: (715) 445-2412

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 63

Total Licensed Bed Capacity (12/31/03): 63

Number of Residents on 12/31/03: 58

Ownership:

Non-Profit Corporation

Highest Level License:

Skilled

Operate in Conjunction with CBRF?

No

Title 18 (Medicare) Certified?

Yes

Title 19 (Medicaid) Certified?

Yes

Average Daily Census:

59

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		12.1
Supp. Home Care-Personal Care	No					1 - 4 Years		43.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		25.9
Day Services	Yes	Mental Illness (Org./Psy)	20.7	65 - 74	3.4			----
Respite Care	Yes	Mental Illness (Other)	10.3	75 - 84	32.8			81.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	46.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	17.2	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	1.7		----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	3.4		100.0	(12/31/03)		
Other Meals	Yes	Cardiovascular	20.7	65 & Over	100.0	-----		
Transportation	Yes	Cerebrovascular	10.3	-----	-----	RNs		10.6
Referral Service	No	Diabetes	8.6	Gender	%	LPNs		10.5
Other Services	No	Respiratory	1.7	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	22.4	Male	37.9	Aides, & Orderlies		
Mentally Ill	No		----	Female	62.1			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	4	100.0	324	41	100.0	117	0	0.0	0	13	100.0	145	0	0.0	0	0	0.0	58	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	4	100.0		41	100.0		0	0.0		13	100.0		0	0.0		0	0.0	58	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	14.9	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	75.9	24.1	58
Other Nursing Homes	7.5	Dressing	10.3	70.7	19.0	58
Acute Care Hospitals	77.6	Transferring	10.3	87.9	1.7	58
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	5.2	82.8	12.1	58
Rehabilitation Hospitals	0.0	Eating	43.1	51.7	5.2	58
Other Locations	0.0	*****				
Total Number of Admissions	67	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	3.4	Receiving Respiratory Care	6.9	
Private Home/No Home Health	53.6	Occ/Freq. Incontinent of Bladder	51.7	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	8.7	Occ/Freq. Incontinent of Bowel	25.9	Receiving Suctioning	1.7	
Other Nursing Homes	5.8			Receiving Ostomy Care	1.7	
Acute Care Hospitals	10.1	Mobility		Receiving Tube Feeding	1.7	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.7	Receiving Mechanically Altered Diets	48.3	
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	21.7	With Pressure Sores	3.4	Have Advance Directives	98.3	
Total Number of Discharges		With Rashes	3.4	Medications		
(Including Deaths)	69			Receiving Psychoactive Drugs	8.6	

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.7	94.0	1.00	88.0	1.06	88.1	1.06	87.4	1.07
Current Residents from In-County	84.5	77.2	1.09	72.9	1.16	69.7	1.21	76.7	1.10
Admissions from In-County, Still Residing	23.9	23.9	1.00	20.1	1.19	21.4	1.11	19.6	1.22
Admissions/Average Daily Census	113.6	101.9	1.11	129.5	0.88	109.6	1.04	141.3	0.80
Discharges/Average Daily Census	116.9	102.4	1.14	130.3	0.90	111.3	1.05	142.5	0.82
Discharges To Private Residence/Average Daily Census	72.9	39.2	1.86	52.2	1.40	42.9	1.70	61.6	1.18
Residents Receiving Skilled Care	100	96.3	1.04	93.7	1.07	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	100	97.2	1.03	94.2	1.06	93.1	1.07	87.8	1.14
Title 19 (Medicaid) Funded Residents	70.7	64.2	1.10	66.3	1.07	68.8	1.03	65.9	1.07
Private Pay Funded Residents	22.4	25.9	0.87	21.6	1.04	20.5	1.09	21.0	1.07
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	31.0	38.5	0.81	36.2	0.86	38.2	0.81	33.6	0.92
General Medical Service Residents	22.4	20.1	1.12	21.5	1.04	21.9	1.02	20.6	1.09
Impaired ADL (Mean)	49.7	51.0	0.97	48.4	1.03	48.0	1.03	49.4	1.00
Psychological Problems	8.6	53.0	0.16	53.4	0.16	54.9	0.16	57.4	0.15
Nursing Care Required (Mean)	8.4	7.7	1.09	6.9	1.22	7.3	1.16	7.3	1.15